

**APPLICATION FOR CONTINUING PROFESSIONAL DEVELOPMENT
ACTIVITY APPROVAL**

Royal College of Paediatrics and Child Health
50 Hallam Street, London W1W 6DE
Tel: 020 7307 5600

Please include an outline of the programme and complete in block capitals or typescript
Please return to the CPD Office, who will forward it onto the appropriate Regional Advisor

Title of Activity:	_____
Event organiser details	
Contact Name	_____
Organisation & address:	_____ _____ _____ _____ _____
Postcode:	_____ Telephone: _____
E-mail:	_____
Venue:	_____ _____
Dates:	_____
Registration fee:	_____ Total number expected to attend: _____
Is there a system in place to evaluate the educational content of this activity? (If yes, please attach details)	Yes No

For Regional Adviser use only	Approval given: Yes No
Type of activity: External/Internal - Clinical/Academic/Professional	
Proposed CPD Credits for attendance: _____	
Name: _____	Date: _____
Signature: _____	
Please forward the programme for this event and this approval form to the RCPCH's CPD Office	